



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

**REPORT OF EXPENDITURES, CONTRIBUTIONS  
 AND SUBJECT AREAS**

(To be filed by organizations, employing organizations, others)

For lobbying reporting period:

- ☐ January 1 - last day of February  
☒ March 1 - April 30  
☐ May 1 - December 31

Name of contact person Donald B. Weisman Phone 808-538-7021 x16

Name of organization American Heart Association Pacific/Mountain Affiliate

Mailing address 245 N. Kukui St., Ste. 204  
Honolulu, HI 96817

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 11,000.00

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	NA	7. Entertainment	NA
2. Media advertising	NA	8. Food & beverages	NA
3. Telegraph, telephone and other forms of telecommunication	\$1.00	9. Gifts	NA
4. Postage	NA	10. Loans	NA
5. Compensation paid to lobbyists	\$11,000.00	11. Other disbursements	NA
6. Fees (other than to lobbyists)	NA	TOTAL EXPENDITURES	\$11,001.00

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Don Weisman	245 N. Kukui St., Ste. 204, Honolulu, HI	\$11,000.00

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## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input checked="" type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Donald B. Weisman

(Signature of authorized person)

5/27/03

(Date)

Name of authorized person (type or print)

Donald B. Weisman

Title of authorized person

State Advocacy Director